DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CLARITY CARE MAIN (0010480) Address: 610 S MAIN ST, BRILLION, WI 54110

License Status: REGULAR

Licensed/Certified/Registered 03/16/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History			
Survey ID: 0095375	End Date: 08/15/2005	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093412	End Date: 09/21/2004	Type: OTHER	Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092174	End Date: 03/16/2004	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 06/08/2005 Date Investigation Completed: 08/03/2005

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE HOMELIKE ENVIRONMENT & CLEANLINESS MEDICATIONS PROGRAM SERVICES NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED